BAA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 30 from line 29

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Forr	n 990-	T (2019) Sorenson Impact Foundation	45	3-3203840	Page 2
Pa	rt- _			 	
32		l of unrelated business taxable income computed from all unrelated trades or businesses (see uctions)		32	47,850.
33	Amoi	ounts paid for disallowed fringes		33	
34	Char	ritable contributions (see instructions for limitation rules)	ment 2	34	4,685.
35	Total	I unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract lin	e 34 from	1	
		sum of lines 32 and 33	, (5)	35	43,165.
36	Deduc	ction for net operating loss arising in tax years beginning before January 1, 2018 (see instr.). See	e St73	36	<u>47,850.</u>
37		I of unrelated business taxable income before specific deduction. Subtract line 36 from line 35.	7-	37	-4,685.
38 39	Unre	cific deduction (Generally \$1,000, but see line 38 instructions for exceptions) elated business taxable income. Subtract line 38 from line 37 If line 38 is greater than line 37 puthe smaller of zero or line 37	//	38 39	-4,685.
Pa	rt1V	Tax Computation	•	$\overline{}$	
<i>7</i> 40		anizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	\ \	40	0.
41		its Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	•		
	•	ne 39 from Tax rate schedule or Schedule D (Form 1041)	•	41	
		xy tax. See instructions	•	42	
43		rnative minimum tax (trusts only) on Noncompliant Facility Income. See instructions		43 44	
44 45		Add lines 42, 43, and 44 to line 40 or 41, whichever applies	7	45	0.
			•	43	
		Tax and Payments ign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a		TI	
		er credits (see instructions)		1 1	
		eral business credit Attach Form 3800 (see instructions) (46c			
		dit for prior year minimum tax (attach Form 8801 or 8827)		1 ,	
		Il credits. Add lines 46a through 46d	10	46 e	0.
47		tract line 46e from line 45	, –	47	0.
48		er taxes Check if from Form 4255 Form 8611 Form 8697-Form 8866			
		Other (attach schedule)		48	
		Il tax. Add lines 47 and 48 (see instructions)	4	49	0.
50	2019	9 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3		50	
	_	ments. A 2018 overpayment credited to 2019	5,500.] []	
		estimated tax payments 51 b		↓ ' 	
		deposited with Form 8868 sign organizations. Tax paid or withheld at source (see instructions) 51 c 51 d	·	-	
		kup withholding (see instructions) 51e		┤ 	
		dit for small employer health insurance premiums (attach Form 8941) 51/f		1	
		er credits, adjustments, and payments Form 2439		1	
		Form 4136 Other Total ► 51 g			
52	Total	Il payments. Add lines 51a through 51g		\$2	5,500.
53	Estin	mated tax penalty (see instructions) Check if Form 2220 is attached	▶ [\$ 3	
54	Tax	due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	, n	54	
√55	Over	rpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		\$5	5,500.
56	Enter	er the amount of line 55 you want. Credited to 2020 estimated tax > 5,500. F	tefunded	\$ 6	0.
1	řt VI				
57		ny time during the 2019 calendar year, did the organization have an interest in or a signature or other			Yes No
		ncial account (bank, securities, or other) in a foreign country? If 'Yes,' the organization may have to	file FinCE	N Form 114,	
		ort of Foreign Bank and Financial Accounts If 'Yes,' enter the name of the foreign country here		-	_ X
58		ng the tax year, did the organization receive a distribution from, or was it the grantor of, or trai	nsferor to,	a foreign trust?	X
	If 'Ye	es,' see instructions for other forms the organization may have to file			1
_59	Enter	r the amount of tax-exempt interest received or accrued during the tax year > \$	0.		
c:-		Under penalties of gerury, I declare that I have examined this return, including accompanying schedules and statements, a belief, the true correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which pr	nd to the best eparer has ar		
Sig He	[] C	4 tru ////6/20 Secretary		May the IRS discus the preparer shown	s this return with below (see
110		Signature of officer Date Title	-	instructions)?	Yes No
_		Print/Type preparer's name Preparer's signature Date	Check 📕 ıf	PTIN	
Pai			self-employed		. The Samuel Control
Pre			Firm's EIN		
pai Us		Firm's address	3		
On			Phone no	<u>, , , , , , , , , , , , , , , , , , , </u>	
BAA		TEEA0202L 02/21/20	i none no	Form	990-T (2019)
24	•	TELACEGE GETTE		. 31111	(/

Form 990-T (2019) Sor <u>enson</u>	Impact Fo	oundation				45	-320	3840		age 3
Schedule A — Cost of Good	ls Sold. Enter	r method of inve	entory valuation 🕨							
1 Inventory at beginning of year	ar	1	6	nventor	y at e	nd of year	6			
2 Purchases.		2	7 (ost of	good	s sold. Subtract				
3 Cost of labor		3		ine 6 fro ind in P		le 5 Enter here	7			
4 a Additional section 263A costs (attach	schedule)			ilia ili	art i,	11110 2			Yes	No
		4a	8 [o the r	ules d	of section 263A (wit	h resr	ect to		
b Other costs (attach sch)		4 b	r	roperty	prod	uced or acquired fo				
5 Total. Add lines 1 through 4b)	5	t t	o the or	rganız	ation?				
Schedule C - Rent Income	(From Real	Property and	Personal Pro	perty	Leas	ed With Real P	rope	rty) (see in	structi	ons)
1 Description of property	-									
(1)							-		-	
(2)		· ·								
(3)	<u> </u>					-				
(4)										
	2 Rent received	d or accrued				2/-> Daylandara		-41		
(a) From personal prope	(b) From re	eal and personal pr		3(a) Deductions directly connected with the income in columns 2(a) and 2(b)						
(if the percentage of rent for property is more than 10%	(if the perce	entage of rent for p ceeds 50% or if the	ersona e rent is	1			chedule)	` '		
more than 50%) base			on profit or incom	e)						
(1)										
(2)										
(3)										
(4)										
Total		Fotal				(h) Tatal daduations i	-ntor			
(c) Total income. Add totals of cold		2(b) Enter				(b) Total deductions I here and on page 1, Par	t -			
here and on page 1, Part I, line 6,		Unasma				I, line 6, column (B)				
Schedule E — Unrelated De	Dt-Financed	income (see	instructions)	1					11 1-	1- 1-
1 Description of debt-	financed prope	rtv	2 Gross income f		3 De	ductions directly co debt-finar	nnect nced p	ed with or a property	Посар	ie to
. Dodd, phon or dod.	manosa propo	,	financed prope			(a) Straight line		(b) Other de		
					aepre	eciation (attach sch	<u>' </u>	(attach sci	neaule	:)
(1)										
(2)	=									
(3)		<u></u>					ļ			
(4)							1_			
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5 Average adjusted basis of or allocable to debt-financed property (attach schedule)		6 Column 4 divided by column 5			7 Gross income ortable (column 2 x column 6)		Allocable d (column 6 x olumns 3(a)	total	of	
(1)				%						
(2)				%						
(3)				%						
(4)				%						

Totals
Total d

Total dividends-received deductions included in column 8

Form **990-T** (2019)

Enter here and on page 1, Enter here and on page 1, Part I, line 7, column (A)

•

Schedule F - Interest, A	nnuitie	s, Royaltie	s, an	d Re	nts Fro	m	Controlled (Orga	nizations	(see in:	struction	s)	
·		E	Exemp	t Con	trolled Or	gar	nizations						
1 Name of controlled organization	ıden	identification ir		B Net unrelated income (loss) ee instructions)			4 Total of specified payments made		organi		ın T		
(1)													
(2)													
(3)													
(4)													
Nonexempt Controlled Organiz	ations												
7 Taxable Income	inc	et unrelated ome (loss) instructions)			f specified nts made	t	10 Part of included in organization	n the d	controlling		connecte	ctions directly d with income olumn 10	
(1)													
(2)												<u></u>	
(3)													
(4)													
Totals							Add columns here and on p 8, co		, Part I, line		and on	s 6 and 11 Enter page 1, Part I, line olumn (B)	
Schedule G – Investmer	at Incor	me of a Sec	tion	5017	c)(7) (9 ¹	\dashv	or (17) Organ	nizat	ion (see in	struction	ne)		
1 Description of income		,	2 Amount of income		3 direc	3 Deductions directly connected (attach schedule)			4 Set-aside	:s	5 Tota	al deductions and isides (column 3 lus column 4)	
(1)					(-111	-					-		
(2)												 -	
(3)													
(4)					[
Totals	•	Enter here and Part I, line 9, (d on pa columr	ge 1, n (A)							Enter he Part I,	ere and on page 1 line 9, column (B)	
Schedule I – Exploited E	xempt	Activity In	come	. Otl	her Thai	n A	Advertising	Incor	ne (see ins	truction	<u>(S)</u>		
1 Description of exploited a		2 Gross unrelated business income froi trade or business	d m	3 Expenses directly connected with production		fro or 2 r	Net income (loss) on unrelated trade business (column minus column 3) a gain, compute umns 5 through 7	5 Gross income from		6 Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, bu not more than column 4)	
(1)													
(2) (3)													
(3)						_							
(4)		Enter here on page Part I, line column (A	1, 10,	on p Part	here and page 1, I, line 10, mn (B)				,	<u> </u>		Enter here and on page 1, Part II, line 25	
Totals		-											
Schedule J - Advertisin	g Inco	me (see instri	uctions	s)									
Part I Income From Pe	riodica	ls Reporte	d on	a Co	nsolida	te	d Basis						
2 (adve		2 Gross advertisin income		3 Direct advertising costs		1 (1	Advertising gain or loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income		6 Readership costs		7 Excess readership costs (col 6 minus col 5, but not more than col 4)	
(1)						4						_	
(2)						4		<u> </u>				-	
(3)	_				<u> </u>	-		\vdash				- -{-	
(4)		 				+		-				 	
Totals (carry to Part II line (5)) •												

읭 ▶

Form 990-T (2019) Sorenson Impact Foundation 45-3203840 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis) 4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 3 Direct 2 Gross 5 Circulation 6 Readership 7 Excess readership advertising costs (col 6 minus col. 5, but not more than col. 4) advertising income costs 1 Name of periodical income costs (1) (2) (3) (4) Totals from Part I Enter here and Enter here and Enter here and on page 1, Part II, line 26 on page 1, Part I, line 11, on page 1, Part I, line 11, column (B) column (A) Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of time devoted 4 Compensation attributable 1 Name 2 Title to unrelated business to business % 왕 왕

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Total. Enter here and on page 1, Part II, line 14

TEEA0204 L 09/19/19

SCHEDULE D

(Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Go to www.irs.gov/Form1120 for instructions and the latest information

OMB No 1545-0123

2019

Internal Revenue Service Go to www.irs.	govii omirrizo ioi mistrat	tions and the latest mor	mation.		
Name			' -		ation number
Sorenson Impact Foundation	4.5		45-320	304	
Did the corporation dispose of any investment of "Yes," attach Form 8949 and see its instruct		-	-	r Ings	► ∐ Yes X No
Part I Short-Term Capital Gains and L	_	<u> </u>	ting your gain o	103	
See instructions for how to figure the amounts to		<u> </u>	(g) Adjustmen	ts	(h) Gain or (loss)
enter on the lines below.	(d) Proceeds	(e) Cost	to gain or loss fr Form(s) 8949, P.	om	Subtract column (e) from column (d) and combine the
This form may be easier to complete if you round off cents to whole dollars	(sales price)	(or other basis)	line 2, column		result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.			•	9	
1b Totals for all transactions reported on Form(s) 8949 with Box A checked					
Totals for all transactions reported on Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on Form(s) 8949 with Box C checked					
4 Short-term capital gain from installment sales	from Form 6252, line 2	26 or 37	,	4	
5 Short-term capital gain or (loss) from like-kind	exchanges from Form	8824		5	
6 Unused capital loss carryover (attach computa	tatement 14	6	7,607,351.		
7 Net short-term capital gain or (loss) Combine				7	-7,607,351.
Part II Long-Term Capital Gains and L	osses (See instruc	ctions.)	 		
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustmen to gain or loss fr	om	(h) Gain or (loss) Subtract column (e) from
This form may be easier to complete if you round off cents to whole dollars	(sales price)	(or other basis)	Form(s) 8949, Pa line 2, column	art II, (g)	column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.				•	
8b Totals for all transactions reported on Form(s) 8949 with Box D checked					
Totals for all transactions reported on Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on Form(s) 8949 with Box F checked	154,280.	274,326.			-120,046.
11 Enter gain from Form 4797, line 7 or 9				11	_
12 Long-term capital gain from installment sales	from Form 6252, line 2	6 or 37		12	
13 Long-term capital gain or (loss) from like-kind	exchanges from Form	8824		13	
14 Capital gain distributions (see instructions)				14	
15 Net long-term capital gain or (loss) Combine Part III Summary of Parts I and II	lines 8a through 14 in o	column h		15	-120,046.
L	00.7) over not long to	a constal loca (loca 15)		16	
16 Enter excess of net short-term capital gain (lir17 Net capital gain Enter excess of net long-term			nital loss (line 7)	17	
18 Add lines 16 and 17 Enter here and on Form				18	0.
Note: If losses exceed gains, see Capital Loss	· =	i the proper line off offi	or returns.	10	

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

For calendar year 2019 or other tax year beginning , 2019, and ending , 20 .

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Employer identification number

Sorenson Impact Foundation 45-3203840 Unrelated Business Activity Code (see instructions) > 531390 Describe the unrelated trade or business ► Real Estate - Rosecrest Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net Gross receipts or sales c Balance ► 1c Less returns and allowances 2 Cost of goods sold (Schedule A, line 7) 2 3 3 Gross profit Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D) 4a 4b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) See Statement 4 5 48,962. 48,962 Rent income (Schedule C) 6 7 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 11 11 Advertising income (Schedule J) 12 Other income (See instructions; attach schedule) 12 13 Total. Combine lines 3 through 12 13 48,962 48,962 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 14 15 15 Salaries and wages

15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule)	27	
28	Total deductions. Add lines 14 through 27	28	
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	48,962.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions) See Statement 5	30	1,112.
31	Unrelated business taxable income Subtract line 30 from line 29	31	47,850.

Form 990-T (2019)	Sorenson	Impact	Foundation
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45-3203840

Page 3

Schedule A — Cost of Good	ds Sold. Enter m	ethod of inve	entory valuation	>						
1 Inventory at beginning of year	ar 1		6	Invento	ry at e	end of year	6			
2 Purchases.	2		7			ls sold. Subtract				
3 Cost of labor	3					ne 5 Enter here				
4 a Additional section 263A costs (attacl	h schedule)			and in I	Part I,	line 2	7	Iv In		
•	4 a	,	_					Yes No		
b Other costs	41		8			of section 263A (wi luced or acquired fo				
(attach sch) 5 Total. Add lines 1 through 4th	5			to the o			n resale, ap	Piy		
Schedule C - Rent Income		operty and	d Personal Pu	operty	Leas	sed With Real P	roperty)	see instructions)		
1 Description of property		- P - 1 - 1 - 1 - 1 - 1		<u> </u>						
(1)	···			_						
(2)										
(3)										
(4)							 ,			
(4)	2 Rent received or	accrued				Τ				
(a) From personal prop	- 1		eal and personal	property	,	3(a) Deduction	s directly co	nnected with		
(if the percentage of rent for personal (if the per			entage of rent fo	r persona	al	the income ii	n columns 2 tach schedul			
property is more than 10% more than 50%)	property ex	ceeds 50% or if I on profit or inco	the rent i	s			•			
(1)		54500	Ton pront or mot		-					
(2)			·	•						
(3)		_				-				
(4)		_					 -			
Total	Tota	nl								
(c) Total income. Add totals of col here and on page 1, Part I, line 6,) Enter ▶				(b) Total deductions here and on page 1, Pa I, line 6, column (B)	Enter rt ►			
Schedule E - Unrelated De	ebt-Financed In	come (see	instructions)							
1 December of debt	£		2 Gross income from			eductions directly co	nnected wit nced proper	nected with or allocable to ced property		
1 Description of debt	-imaniced property		or allocable to financed pro			(a) Straight line eciation (attach sch		(b) Other deductions (attach schedule)		
(1)										
(2)						-		_		
(3)										
(4)			·							
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjust or allocable to de property (attach	bt-financed	6 Column divided b column	y		7 Gross income ortable (column 2 x column 6)	(colun	able deductions on 6 x total of s 3(a) and 3(b))		
(1)				%						
(2)				%						
(3)				%						
(4)				%						
			!		Enter Part	r here and on page I, line 7, column (A	1, Enter her Part I, lir	e and on page 1 ne 7, column (B)		
Totals				>						
Total dividends-received deduction	ons included in col	umn 8					-			
BAA			EA0203L 09/19/19				F	orm 990-T (2019		
· · ·								,		

			Exem	pt Con	trolled Or	gan	izations						
1 Name of controlled organization	ıdentı	nployer fication mber	ır	Net unr ncome e instri		4	Total of speci payments ma		5 Part of that is in the conorganizers in gross in	cluded trolling ation's	ın ¯ ¯	6 Deductions directly connected with income in column 5	
(1)								_					
(2)						1_							
(3)						_							
(4)	-1											·	
Nonexempt Controlled Organiz			-	T			100.1.6	1	- O H L	_	11 Dad.	-1	
7 Taxable Income	incoi	unrelated me (loss) structions)			f specified nts made	,	10 Part of colu included in the organization's o		controlling		connecte	ctions directly d with income olumn 10	
(1)													
(2)													
(3)		 	_	_									
(4)													
							Add columns here and on p 8, co		, Part I, line		and on	s 6 and 11 Enter page 1, Part I, line slumn (B)	
Totals						\perp	44 100 00		•				
Schedule G - Investmer	nt Incom	ne of a Sec	ction	501(nizat				1 1.1 .1	
1 Description of income		2 Amount o	of inco	ome	direc	ctly	ductions connected schedule)	(a	4 Set-aside ittach schedi		set-a	al deductions and isides (column 3 us column 4)	
(1)													
(2)						_							
(3)													
(4)											<u> </u>	1	
Totals	₽	Inter here and art I, line 9,	colun	age I, nn (A)					*	·	Part I,	ere and on page 1, ine 9, column (B)	
Schedule I – Exploited E	xempt	Activity In	com	e. Otl	ner Thai	n A	dvertising	ncor	ne (see ins	truction	ıs)		
1 Description of exploited a		2 Gross unrelated business income fro trade or business	d s om	3 Expension connection of u	ises directly ected with duction nrelated ess income	4 N from or 1 2 m	let income (loss) m unrelated trade business (column ninus column 3) a gain, compute umns 5 through 7.	5 Gros activ	is income from ity that is not ated business income	6 Ex	penses utable to umn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)													
(2)													
(3)						<u>L</u> .							
(4)		-				<u> </u>	•						
		Enter here on page Part I, line column (/	1,	on p Part l	here and page 1, I, line 10, mn (B)		•		**************************************			Enter here and on page 1, Part II, line 25	
Totals	▶					<u>.</u>	•		.,				
Schedule J – Advertisin	g Incom	1 e (see instr	uction	าร)									
Part I Income From Pe	riodical	s Reporte	d or	a Co	nsolida	tec	Basis						
1 Name of periodical		2 Gross advertisir income		adve	Direct ertising osts	(10	Advertising gain or oss) (col 2 minus col 3) If a gain, compute cols 5 through 7		irculation ncome		adership osts	7 Excess readership costs (col 6 minus col 5, but not more than col 4)	
(1)													
(2)						-						4	
(3)						٠.,						± 2 555 2+=	
(4)						╁							
Totals (carry to Part II, line (5)) ▶												

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Page 5

Form **990-T** (2019)

Part II Income From Periodica 7 on a line-by-line basis)	als Reported or	n a Separate I	Basis (For each p	eriodical listed in	Part II, fill in col	umns 2 through
1 Name of periodical	2 Gross advertising income		4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4)
(1)						
(2)	 -			-		
(4)						
Totals from Part I	-		1 mg		5 19 ±	
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1 – 5)	6 Office Disc	-4		<u> </u>		
Schedule K — Compensation of	t Officers, Dire	ctors, and Ir	ustees (see instr	uctions)		
1 Name			2 Title	3 Percent of time devote to busines	ed to unrela	ation attributable ated business
					0/0	
					00	
					%	
*	i 1.4				<u> </u>	
Total, Enter here and on page 1. Part	II. line 14				▶	

TEEA0204 L 09/19/19

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

201

45-3203840

Employer identification number

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Sorenson Impact Foundation

For calendar year 2019 or other tax year beginning ______, 2019, and ending _____

► Go to www irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Ur	nrelated Business Activity Code (see instructions)► 531390				
De	escribe the unrelated trade or business Real Estate -	Jord	anelle	_	
Parl	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance ▶	1c		•••	1
2	Cost of goods sold (Schedule A, line 7)	2			- 1
3	Gross profit. Subtract line 2 from line 1c	3		9.0	
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation				
	(attach statement) See Statement 8	5	-57,232.	1	-57,232.
6	Rent income (Schedule C)	6			_
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			-
11	Advertising income (Schedule J)	11			-
12	Other income (See instructions; attach schedule)	12			
13	Total. Combine lines 3 through 12	13	-57,232.		-57,232.
Part	connected with the unrelated business income)		ons on deductions)	(Deductions must	be directly
14	Compensation of officers, directors, and trustees (Schedule	K)		14	
15	Salaries and wages			15	
16	Repairs and maintenance			16	
17	Bad debts			17	
18	Interest (attach schedule) (see instructions)			18	<u></u>
19	Taxes and licenses			19	
20	Depreciation (attach Form 4562)		20		
21	Less depreciation claimed on Schedule A and elsewhere on	retur	n [21a	21b	
22	Depletion			22	
23	Contributions to deferred compensation plans			23	
24	Employee benefit programs			24	
25 26	Excess exempt expenses (Schedule I)			25 26	
- //	P VEGES TOORGEDIN COSTS (NORMALIIA II)			1 7h	

BAA For Paperwork Reduction Act Notice, see instructions.

Other deductions (attach schedule)

Total deductions. Add lines 14 through 27

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

Unrelated business taxable income Subtract line 30 from line 29

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

27

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instructions)

Schedule M (Form 990-T) 2019

-57,232.

-57,232.

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See Statement 9

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Form 990-T (2019)	Sorenson	Impact	roundation

45-3203840

Page 3

Schedule A — Cost of Good	s Sold. Enter method of inv	entory valuation >				-				
1 Inventory at beginning of year	ar 1	6 Invento	ry at e	end of year	6					
2 Purchases.	2	7 Cost of	good	s sold. Subtract						
3 Cost of labor	3			ne 5 Enter here	7					
4 a Additional section 263A costs (attach	schedule)	and in I	raiti,	line 2			/ T	Na.		
	4 a	0 D. H.		- 6 10 000 A			Yes	No		
b Other costs (attach sch)	4 b		8 Do the rules of section 263A (with property produced or acquired for							
5 Total. Add lines 1 through 4b	5	to the organization?								
Schedule C — Rent Income	(From Real Property an	d Personal Property	Leas	sed With Real Pr	operty	(see inst	ruction	ons)		
1 Description of property										
(1)										
(2)										
(3)					_					
(4)										
	2 Rent received or accrued			3(a) Deductions	directly	connected	d with	h		
(a) From personal prope (if the percentage of rent for property is more than 10% more than 50%)	eal and personal property entage of rent for persona ceeds 50% or if the rent i d on profit or income)	al	the income in		2(a) and					
(1)		'	-							
(2)						_				
(3)					-					
(4)										
Total	Total									
(c) Total income. Add totals of column and on page 1, Part I, line 6,				(b) Total deductions E here and on page 1, Part I, line 6, column (B)	nter -					
Schedule E — Unrelated De	bt-Financed Income (see	instructions)								
1 Description of debt-	financed property	2 Gross income from or allocable to debt-	3 De	ductions directly cor debt-finan			ocabl	e to		
1 Beschpilon of desic	maneca property	financed property		(a) Straight line eciation (attach sch)	(b) Other deductions (attach schedule)			าร)		
(1)	· -					_				
(2)										
(3)										
(4)										
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5		7 Gross income ortable (column 2 x column 6)	(col	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b)				
(1)		%				_				
(2)		%								
(3)		%								
(4)		%								
	,		Enter Part	here and on page 1 I, line 7, column (A)	, Enter h Part I,	ere and o line 7, co	n pa lumn	ge 1, (B)		
Totals		•								
Total dividends-received deduction	ons included in column 8				•					
BAA	Т	EEA0203L 09/19/19				Form 99	0-T (2 019)		

Schedule F - Interest, A	nnuities	, Royalties,	and Re	nts Fro	m Controlled (Orgai	nizations	(see in	structions)
		Exe	empt Con	trolled Or	ganızatıons		-			
1 Name of controlled organization	ıdentıf	ployer rication nber (3 Net uni income see instri	(loss)	4 Total of speci payments ma	fied de	5 Part of that is in the cororganizers gross in	cluded itrolling zation's	in c	eductions directly onnected with ome in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organiz										
7 Taxable Income	ıncon	unrelated ne (loss) structions)		f specified nts made	d 10 Part of included in organization	n the c	controlling		connecte	tions directly d with income blumn 10
(1)										
(2)										
(3)								<u> </u>		
(4)			_					ļ		
					Add columns here and on p 8, co	s 5 and age 1 lumn (, Part I, line		e and on p	s 6 and 11 Enter page 1, Part I, line lumn (B)
Totals						• •	,			
Schedule G – Investmer	nt Incom	e of a Section	on 501(I dad at an and
1 Description of income		2 Amount of I	ncome	direc	Deductions ctly connected ach schedule)		4 Set-aside ttach sched		set-a	I deductions and sides (column 3 us column 4)
(1)										
(2)										
(3)									-	
(4)	- -	ator hara and a	2 222 1			L			Enter he	re and on page 1
Totals	Pa	nter here and or art I, line 9, col	umn (A)							ne 9, column (B)
Schedule I – Exploited E	xempt A	Activity Inco	me, Ot	her Thai	n Advertising	Incor	ne (see ins	truction	is)	
1 Description of exploited a		2 Gross unrelated business income from trade or business	3 Exper conne pro of u	nses directly ected with duction nrelated ess income		5 Gros activ unrel	s income from ity that is not ated business income	6 Ex	penses utable to umn 5	7 Excess exempt expenses (column 6 minus column 5, bu not more than column 4).
(1)										
(2)										
(3)									_	
(4)										
	·	Enter here an on page 1, Part I, line 10 column (A)	on p	here and page 1, I, line 10, mn (B)						Enter here and on page 1, Part II, line 25
Totals	>									<u> </u>
Schedule J – Advertisin	-									
Part I Income From Pe	riodicals	•			,	,			***	
1 Name of periodical		2 Gross advertising income	adve	Oirect ertising osts	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		irculation ncome		adership osts	7 Excess readership costs (col 6 minus col 5, but not more than col 4)
(1)				•	4					-
(2)				_	4			-		-
(3) (4)			+		1	<u> </u>		··· ·		1
_(7)			1		 					
Totals (carry to Part II, line (5)	, ▶									

•

Page 5

Part !! Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis) 4 Advertising gain or (loss) (col 2 minus col 3) If a gain, 2 Gross 3 Direct 7 Excess readership 5 Circulation 6 Readership costs (col 6 minus col 5, but not more than col 4) advertising advertising income costs 1 Name of periodical income costs compute cols 5 through 7 (1) (2) (3) (4) Totals from Part I Enter here and Enter here and Enter here and on page 1, Part II, line 26 on page 1, Part I, line 11, column (B) on page 1, Part I, line 11, column (A) Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of time devoted 4 Compensation attributable 1 Name 2 Title to unrelated business to business % % % %

BAA

Total. Enter here and on page 1, Part II, line 14

7

TEEA0204 L 09/19/19

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

For calendar year 2019 or other tax year beginning , 2019, and ending , 20

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

13

► Go to www irs.gov/Form990T for instructions and the latest information.

► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Name of the organization

Sorenson Impact Foundation

Unrelated Business Activity Code (see instructions)► 541700

Employer identification number 45-3203840

Describe the unrelated trade or business ► Medical Research (C) Net Part I Unrelated Trade or Business Income (A) Income (B) Expenses 1a Gross receipts or sales c Balance ► 1c Less returns and allowances 2 Cost of goods sold (Schedule A, line 7) 3 3 Gross profit. Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D) 4a 4b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation See Statement 10 (attach statement) 5 -6,226-6,226. 6 Rent income (Schedule C) Unrelated debt-financed income (Schedule E) 7 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) 9 organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 11 11 Advertising income (Schedule J) 12 12 Other income (See instructions, attach schedule)

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)(Deductions must be directly connected with the unrelated business income.)

13

-6,226

		. <u> </u>		
14	Compensation of officers, directors, and trustees (Schedule K)		14	
15	Salaries and wages		15	
16	Repairs and maintenance		16	
17	Bad debts		17	
18	Interest (attach schedule) (see instructions)		18	
19	Taxes and licenses		19	
20	Depreciation (attach Form 4562)	20	·	
21	Less depreciation claimed on Schedule A and elsewhere on return	21a	21b	
22	Depletion		22	
23	Contributions to deferred compensation plans		23	
24	Employee benefit programs		24	
25	Excess exempt expenses (Schedule I)		25	·
26	Excess readership costs (Schedule J)		26	
27	Other deductions (attach schedule)		27	
28	Total deductions. Add lines 14 through 27		28	
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 fro	m line 13	29	-6,226.
30	Deduction for net operating loss arising in tax years beginning on or aft	er January 1, 2018 (see		-
	instructions) See State	ement 11	30	
31	Unrelated business taxable income Subtract line 30 from line 29		31	-6,226.

BAA For Paperwork Reduction Act Notice, see instructions.

Total. Combine lines 3 through 12

Schedule M (Form 990-T) 2019

-6,226.

Form 990-T (2019) Sorensor	n Impact H	Coundation				45	-3203840	Pa	age 3
Schedule A - Cost of Good	ds Sold. Ent	er method of inve	entory valuation	>					
 Inventory at beginning of ye Purchases Cost of labor 		1 2 3		6 Inventory at end of year 7 Cost of goods sold. Subtract line 6 from line 5 Enter here and in Part I, line 2 7					
b Other costs (attach sch) Total. Add lines 1 through 4	b	4 a 4 b 5	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? d Personal Property Leased With Real Property) (see instr						No
1 Description of property		ir Property and		Toperty	Leas	- Transfer in the second secon	- CPCI (3) (See	IIISU GCUC	
	–								
(1) (2) (3)					·				
(4)									
(a) From personal prop (if the percentage of rent for property is more than 10% more than 50%)	erty personal	(if the perce property ex	eal and persona entage of rent for ceeds 50% or it I on profit or inc	or persona the rent i	al		s directly conne columns 2(a) ach schedule)	ected with and 2(b)	า
(1)			-						
(2)									
(3)									
(4)									
Total		Total				(b) Total deductions E	nter		
(c) Total income. Add totals of co here and on page 1, Part I, line 6		d 2(b) Enter				here and on page 1, Par I, line 6, column (B)			
Schedule E — Unrelated De	ebt-Finance	d Income (see	instructions)						
1 Description of debt	-financed pror	nertv	2 Gross incor		3 De	ductions directly co debt-finar	nnected with or nced property	allocabl	e to
T BOSSI PROTEST OF GOSS	manood prop	,	financed pro			(a) Straight line eciation (attach sch)	(b) Other (attach s	deductior schedule)	
(1)									
(2)					ļ				
(3)		···		_	ļ				
(4)	1			4	<u> </u>	7.0	0.011		
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	or allocable	djusted basis of to debt-financed ttach schedule)	6 Colum dıvıded column	by 5		7 Gross income ortable (column 2 x column 6)	8 Allocable (column 6 columns 3(x total of	of
(1)	_			%					
(2)				%			ļ		
(3)	_			%			_		
(4)			<u> </u>	%	ļ	lanca and	1 5-1		
					Part	here and on page 1, line 7, column (A)	Part I, line 7	na on pa ', column	ge 1, i (B)

TEEA0203L 09/19/19

Form **990-T** (2019)

Total dividends-received deductions included in column 8

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Schedule F - Interest, A	nnuities					d Orga	nizations	(see ins	structions)
, ,		E)	cempt Con	trolled Or	ganizations		· · · · · · · · · · · · · · · · · · ·			_
1 Name of controlled organization	ıdentı	nployer ification mber	3 Net uni income (see instri	(loss)	4 Total of sp payments i		5 Part of that is in the cor organia gross i	cluded trolling ation's	in c	eductions directly onnected with ome in column 5
(1)				•						
(2)										
(3)										
(4)										
Nonexempt Controlled Organiza	ations		-							
7 Taxable Income	incor	unrelated me (loss) nstructions)		f specified nts made	ınclude	d in the	nn 9 that is controlling oss income		connected	tions directly d with income blumn 10
(1)										
(1) (2) (3) (4)									_	
(3)										
(4)										
					here and o		nd 10 Enter 1, Part I, line (A)		and on p	6 and 11 Enter page 1, Part I, line lumn (B)
Totals										
Schedule G - Investmen	t Incom	ne of a Sect	ion 501(c)(7), (9)), or (17) Org	ganiza	tion (see ins	truction	າ\$)	
1 Description of income		2 Amount of	income	direc	Deductions otly connected ach schedule)	(4 Set-aside attach sched		set-as	l deductions and sides (column 3 us column 4)
(1)										
(2)					· ·					
(3)										
(4)										
Totals		Enter here and o art I, line 9, co							Enter he Part I, Ii	re and on page 1 ne 9, column (B)
Schedule I — Exploited E	vomnt	Activity Inc.	oma Ot	har Thai	n Advertisin	a Inco	ma (coo inc	truction	<u></u>	
Schedule I — Exploited E	xempt	2 Gross								35
1 Description of exploited a	ctivity	unrelated business income from trade or business	conno pro of u	nses directly ected with duction inrelated ess income	4 Net income (los from unrelated tra or business (colur 2 minus column 3 If a gain, comput columns 5 through	ide acti nn unre) ie	ss income from vity that is not elated business income	attribu	oenses Itable to Imn 5	7 Excess exempt expenses (column 6 minus column 5, bu not more than column 4)
(1)										
(2)								-		
(3)						1				
(4)		-				i				
		Enter here a on page 1, Part I, line 1 column (A)	on p	here and page 1, I, line 10, mn (B)	, , ,	,				Enter here and on page 1, Part II, line 25
Totals	•									_
Schedule J - Advertising			-							
Part I Income From Pe	riodical	s Reported	on a Co	nsolida	ted Basis	_				
1 Name of periodical		2 Gross advertising income	adve	Direct ertising osts	4 Advertising gair (loss) (col 2 mir col 3) If a gair compute cols through 7	nus n,	Circulation income		idership osts	7 Excess readership costs (col 6 minus col 5, but not more than col 4)
(1)					· -					
(2)					1					4
_(3)	-		\perp		1	<u> </u>				
_(4)										
Totals (carry to Part II. line (5))										

Part II Income From Periodica 7 on a line-by-line basis)	ls Reported or	n a Separate E	Basis (For each p	perio	dical listed in	Par	t II, fill in col	umns 2 through
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 '	Circulation income	6	Readership costs	7 Excess readership costs (col. 6 minus col 5, but not more than col 4)
(1)								
(2)								_
(3)								
(2) (3) (4)								
Totals from Part I			h. *	•	. "			_
Tabela Cark II (kana 1 5)	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)				1 1	, , , , , ,	Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1 – 5)	2.0	·	<u> </u>	,	*	ļ		
Schedule K — Compensation of	Officers, Dire	ctors, and Tri	ustees (see instr	ructio	ns)			
1 Name			2 Title		3 Percent of time devote to business	ed		ation attributable ited business
						%		
						%		
						%		
			-			%		
Total. Enter here and on page 1, Part II	, line 14	•		•		•		
BAA		TEEA0204 L	09/19/19				F	orm 990-T (2019)

SCHEDULE M (Form, 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

For calendar year 2019 or other tax year beginning ______, 2019, and ending ______, 20 _____.

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Sorenson Impact Foundation

► Go to www irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Employer identification number

45-3203840

	nrelated Business Activity Code (see instructions)► 531390							
De	escribe the unrelated trade or business ► Real Estate -	Deve	lopment	··				
Par	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net			
1a	Gross receipts or sales							
b	Less returns and allowances c Balance ▶	1c		e				
2	Cost of goods sold (Schedule A, line 7)	2		,- ,	, +			
3	Gross profit. Subtract line 2 from line 1c	3		, , ,				
4a	Capital gain net income (attach Schedule D)	4a		,				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		J				
С	Capital loss deduction for trusts	4c		1				
5	Income (loss) from a partnership or an S corporation (attach statement) See Statement 12	5	-1,186,389.	,	-1,186,389.			
6	Rent income (Schedule C)	6						
7	Unrelated debt-financed income (Schedule E)	7						
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8						
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9						
10	Exploited exempt activity income (Schedule I)	10						
11	Advertising income (Schedule J)	11						
12	Other income (See instructions; attach schedule)	12		*				
13	Total. Combine lines 3 through 12	13	-1,186,389.		-1,186,389.			
Part	connected with the unrelated business income)		ons on deductions.		be directly			
14	Compensation of officers, directors, and trustees (Schedule	K)		14				
15 16	Salaries and wages			15				
16	Repairs and maintenance			16 17				
17 18	Bad debts			18				
19	Interest (attach schedule) (see instructions) Taxes and licenses			19	-			
			1 20 1	15				
20	Depreciation (attach Form 4562)		20 n 21a					
21 22	Less depreciation claimed on Schedule A and elsewhere on Depletion	retur	[21d]	216				
23	Contributions to deferred compensation plans			23				
23 24	Employee benefit programs			24				
25	Excess exempt expenses (Schedule I)			25				
26	Excess readership costs (Schedule J)			26	_			
27								
28	Total deductions. Add lines 14 through 27			28	 			

BAA For Paperwork Reduction Act Notice, see instructions.

Unrolated business taxable income before net operating loss deduction. Subtract line 28 from line 13

Unrelated business taxable income Subtract line 30 from line 29

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

29

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instructions)

Schedule M (Form 990-T) 2019

-1,186,389.

-1,186,389.

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See Statement 13

Schedule A - Cost of Goo	ds Sold. Enter me	thod of inve	entory valuation	on 🏲	•						
1 Inventory at beginning of ye	ar 1			6	Invento	ry at	end of year	6			
2 Purchases	2	•		7	Cost of	good	ls sold. Subtract				
3 Cost of labor	3						ne 5 Enter here	 -			
4 a Additional section 263A costs (attac	ch schedule)				and in I	Part I	, line 2	7	L	V	N-
	4 a			_	.				1	Yes	No
b Other costs (attach sch)	4 b						of section 263A (wit duced or acquired fo				
5 Total. Add lines 1 through 4	b 5				to the o						
Schedule C - Rent Income	(From Real Pro	perty and	d Personal	Pro	perty	Leas	sed With Real P	rope	rty) (see ıı	nstructi	ons)
1 Description of property											-
(1)											
(2)											
(3)							<u> </u>				
(4)											
	2 Rent received or	accrued					3(a) Deduction	c dira	ctly connec	tod wit	h
(a) From personal prop (if the percentage of rent for property is more than 10% more than 50%)	personal ((if the perce property ex	eal and persor entage of rent ceeds 50% or I on profit or ii	for of the	r personal the rent is the income in columns 2(a) and (attach schedule)						
(1)									_		
(2)	ĺ.								_		
(3)											
(4)											
Total	Total										
(c) Total income. Add totals of co here and on page 1, Part I, line 6		Enter ▶					(b) Total deductions I here and on page 1, Par I, line 6, column (B)				
Schedule E - Unrelated De	ebt-Financed Inc	ome (see	instructions)								
1 Description of deb	t financed property		2 Gross inco			3 De	eductions directly co debt-finar			allocab	le to
1 Description of deb	t-imanced property		or allocable financed p			depr	(a) Straight line epreciation (attach sch)		(b) Other deduction (attach schedule		
(1)		<u> </u>				-		1		.	
(2)											
(3)											
(4)											
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjuster or allocable to deb property (attach s	t-financed	6 Colui divide colum	d by			7 Gross income ortable (column 2 x column 6)		Allocable ((column 6) blumns 3(a)	x total	of
(1)					%						
(2)					8						
(3)					%						
(4)					%						
						Ente Part	r here and on page I, line 7, column (A	1, Ent) Pa	er here and rt I, line 7,	d on pa column	age 1, n (B)
Totals					•						
Total dividends-received deducti	i ons ıncluded ın colui	mn 8						-			
BAA		TE	EEA0203L 09/19/	19				•	Form	990-T ((2019)

Schedule F — Interest, An	,	<u> </u>			ganizations					<u></u>
Name of controlled organization	2 Employe identification number	on i	Net uni ncome ee instri		4 Total of spec payments m		5 Part of that is in the cor organiz gross i	cluded itrolling	in ci	eductions directly onnected with ome in column 5
(1)										
(2)										
(3)									_	
(4) Nonexempt Controlled Organizat	ons				<u> </u>		l			
	8 Net unrel	latad 0	Total a	f specified	10 Part of	colum	n 9 that is		11 Deduc	tions directly
7 Taxable Income	income (k	oss)		nts made	ıncluded	in the	controlling oss income		connected	d with income blumn 10
(1)										
(2)										· · · · ·
(3)										
(4)										
					Add columr here and on 8, c		, Part I, line		e and on p	6 6 and 11 Enter page 1, Part I, line lumn (B)
Totals								<u> </u>		
Schedule G - Investment	Income of	a Section	n 501 <u>(</u>		· · · · · · · · · · · · · · · · · · ·	nizat				
1 Description of income	2 Ar	mount of inc	ome	direc	Deductions otly connected ach schedule)	(a	4 Set-aside ittach sched		set-as	l deductions and sides (column 3 us column 4)
(1)										
(2)										
(3)										
(4)	- 								F	1
Totals		nere and on p line 9, colui								re and on page 1 ne 9, column (B)
Schedule I – Exploited Ex	empt Activ	vity Incon	ne. Ot	her Thai	n Advertising	Inco	me (see ins	truction	ns)	
1 Description of exploited ac	uivity b	Gross nrelated usiness ome from rade or usiness	3 Exper conne pro- of u	nses directly ected with duction nrelated ess income		5 Gros activ unrel	ss income from hity that is not ated business income	6 Ex	penses utable to umn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)										
(4)		_								
	or Par	er here and n page 1, it I, line 10, ilumn (A)	on p	here and page 1, I, line 10, mn (B)						Enter here and on page 1, Part II, line 25
Totals	•									
Schedule J – Advertising	Income (se	ee instructio	ns)							
Part I Income From Peri	odicals Re	ported o	n a Co	nsolida	ted Basis					
1 Name of periodical	ad	2 Gross Ivertising income	adve	Direct ertising osts	4 Advertising gain (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	or 5 C	irculation ncome		adership osts	7 Excess readership costs (col 6 minus col 5, but not more than col 4)
(1)			<u></u>		1	ļ				-
(2)			 		-					1
(3) (4)					1					i '
\''									-	
Totals (carry to Part II June (5))	•									

%

Page 5

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis) 4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 7 Excess readership costs (col 6 minus col 5, but not more than col 4) 2 Gross 3 Direct 5 Circulation 6 Readership advertising advertising income costs 1 Name of periodical income costs (1) (2) (3) (4) Totals from Part I Enter here and Enter here and Enter here and on page 1, Part II, line 26 on page 1, Part I, line 11, on page 1, Part I, line 11, column (A) column (B) Totals, Part II (lines 1-5) Schedule K — Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of 4 Compensation attributable 1 Name 2 Title time devoted to unrelated business to business 왕 ે ર

BAA

Total. Enter here and on page 1, Part II, line 14

TEEA0204 L 09/19/19

orm	8949	(2019)	
OHIL	~~	(2013)	

Attachment Sequence No 12A Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on other side

SSN or taxpayer identification number

Sorenson Impact Foundation

45-3203840

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F Form 8949, page 2, for each complete as many forms wi	h applicable box if	vou have more lo	na-term transacti	your long-term tran ons than will fit o	sactions, con n this page	plete a separate for one or more o	of the boxes,
(D) Long-term transact		•		d to the IRS (see N	ote above)		
(E) Long-term transa X (F) Long-term transa	•		-	sn't reported to the	ne IRS		
1 (a) Description of property (Example 100 shares XYZ Co)	(b) Date acquired (Mo , day, yr)	(C) Date sold or disposed of (Mo, day, yr)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e)	If you enter an enter a co See the ser	fany, to gain or loss. amount in column (g), ode in column (f) parate instructions.	(h) Gain or (loss) Subtract column (e) from column (d) and
		(/ 66)/ 3. /	(see mstructions)	in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
Rosecrest Inc stoo	1/20/08	12/31/19	154,280.	274,326.			-120,046.
			_				
-						-	
				-			
							
						-	
							
2 Totals. Add the amounts (subtract negative amou include on your Schedul checked), line 9 (if Box Box F above is checked	ints) Enter each to e D, line 8b (if Box E above is checked	tal here and D above is	154,280.	274,326.		0.	-120,046.

2	U	1	C
Z	u		

Federal Statements

Page 1

Sorenson Impact Foundation

45-3203840

Statement 1 Form 990-T, Part I, Line 5 Income (Loss) from Partnerships and S Corporations

Statement 2 Form 990-T, Part III, Line 34 Charitable Contributions

Charitable Contributions Income Percent Limit

Allowed Charitable Contributions

29,991. 4,685.

4,685.

Statement 3 Form 990-T, Part III, Line 36 Net Operating Loss Deduction

Loss Year Ending	Original Loss	Loss Previously <u>Used</u>	Loss Available
12/31/09 12/31/10 12/31/11 12/31/12 12/31/14 Net Operating Loss Av Taxable Income Net Operating Loss De	\$ 82. 21,790. 155,663. 1,384,181. 1,617,245. vailable	0. 0. 0. 0.	\$ 82. 21,790. 155,663. 1,384,181. 1,617,245. \$ 3,178,961. \$ 47,850. \$ 47,850.

Statement 4
Schedule M, Part I, Line 5
Income (Loss) from Partnerships and S Corporations

Name Name	 Gross Income	Deductions	- <u></u>	Income (Loss)
Rosecrest, Inc	\$ 125,034.	\$ 76,072. Total		48,962. 48,962.

Federal Statements				Page 2			
	Sorenson Impa	Sorenson Impact Foundation			45-320384		
Statement 5 Schedule M, Part II, Lin Net Operating Loss De	e 30 duction						
Loss Year Ending	Original Loss	P	Loss reviously Used			oss lable	
12/31/18 Total Net Operating	\$ 1,112. g Loss Deduction	\$		0.	\$	1,112. 1,112.	
Statement 8 Schedule M, Part I, Lind Income (Loss) from Par	e 5 rtnerships and S Corporations						
	Name		Gross Income	_Dedi	uctions	Income (Loss)	
Jordanelle Ridge I	nc	\$	16,303.	\$	73,535. \$ Total \$	-57,232. -57,232.	
Statement 9 Schedule M, Part II, Lin Net Operating Loss De	ne 30 duction Original Loss	P	Loss reviously Used			oss lable	
12/31/18 Net Operating Loss Taxable Income 80% Of Taxable Inc Net Operating Loss			Income)	0.	\$ \$\$\$\$ \$	97,995. 97,995. -57,232. -45,786. 0.	
Statement 10	e 5 rtnerships and S Corporations						
Schedule M, Part I, Line						Income	
Schedule M, Part I, Line	Name		Gross Income	_Dedi	uctions _	(Loss)	
Schedule M, Part I, Line				_Dedi	rotal		

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2019	Federal Statements			
•	Sorenson Impact Foundation			45-320384
Statement 11 Schedule M, Part II, Line Net Operating Loss Dedu Loss Year Ending	30 oction Original Loss	Loss Previously "Used		ss lable
12/31/18 Net Operating Loss A Taxable Income 80% Of Taxable Incom	\$ 6,014. \$ available		0. \$ \$ \$ \$ \$	6,014. 6,014. -6,226. -4,981. 0.
Statement 12 Schedule M, Part I, Line S Income (Loss) from Parti	; nerships and S Corporations			T
	Name	Gross <u>Income</u>	<u>Deductions</u>	Income (Loss)
RE Development Holdi	ngs LLC	\$ 4,982,003.	\$ 6,168,392. \$ - Total \$ -	-1,186,389. -1,186,389.
Statement 13 Schedule M, Part II, Line Net Operating Loss Dedu	30 action			
Loss Year Ending	Original Loss	Loss Previously Used		ss lable
12/31/18 Net Operating Loss A Taxable Income 80% Of Taxable Incom Net Operating Loss I		able Income)	0. \$ \$ \$ \$	102,735. 102,735. -1,186,389. -949,111. 0.
Statement 14 Schedule D (1120), Part I Capital Loss Carryover Carryover from 2014 Total Capital Loss (<u>\$</u>	7,607,351. 7,607,351.

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